Journal of Athletic Training 2024;59(12):1239–1252
doi: 10.4085/1062-6050-0508.23

www.natajournals.org

Postpandemic Changes to Employment and Employment Satisfaction in Early-Career and Career-Advancing Athletic Trainers

Nicolette A. Harris, DAT, LAT, ATC, CSCS*; Emily K. Mulkey, MS, LAT, ATC†; Sanam Rezazadeh, MS, ATC‡; Matthew C. Smitley, DAT, LAT, ATC§; Alicia M. Montalvo, PhD, MPH, LAT, ATC||

*Department of Athletic Training, Arizona School of Health Sciences, A. T. Still University, Mesa; †Athletic Training, Bitonte College of Health and Human Services, Youngstown State University, OH; ‡Athletic Training Department, Stanford University, CA; §Movement Sciences, University of Idaho, Moscow; ||College of Health Solutions, Arizona State University, Phoenix

Context: The labor market suffered a mass exodus of employees, including health care workers, due to the COVID-19 pandemic. Previous research has highlighted the vulnerability of young professional athletic trainers (YPATs) to attrition. Investigating pandemic-related employment changes and their impact is essential for developing strategies to improve the retention of YPATs.

Objective: To determine the impact of COVID-19 on YPATs' employment and the effect of COVID-19 and employment setting migration on outcome measures of personal and financial well-being, job and career satisfaction, and optimism about staying in the profession.

Design: Cross-sectional, descriptive study.

Setting: Web-based survey.

Patients or Other Participants: One thousand one hundred eleven participants responded to survey for an 9.1% response rate (n = 1111 of 12 180). Partial responses were included; thus, the number of respondents varied by question.

Data Collection and Analysis: A web-based survey composed of 34 closed-ended questions was disseminated to National Athletic Trainers' Association members in November 2022. Descriptive statistics including counts and frequencies for each surveyed item in addition to χ^2 tests were used to analyze responses.

Results: Of responding YPATs, 30.2% (n = 335 of 1111) changed employers and 25.7% (n = 286 of 1111) reported a change in employment setting. Notably, YPATs migrated from high school, collegiate, and professional athletics to clinic, industrial, or sales settings. Overall, the pandemic decreased job satisfaction, career satisfaction, and optimism about professional longevity. Changes in employment had a positive impact on personal well-being in addition to job and career satisfaction but not optimism regarding staying in the profession. Salary and work-life balance were reported as important predictors of short- and long-term retention for YPATs.

Conclusions: The pandemic brought changes to employers and employment settings for many YPATs. To reduce turnover and attrition, administrators must begin to prioritize employee well-being and satisfaction. In addition to increasing salary and reducing workload, employers should recognize the importance of administrative support in promoting well-being together with satisfaction and professional optimism in early professional and career-advancing athletic trainers.

Key Words: young professionals, emerging settings, well-being, organizational support, COVID-19

Key Points

- The COVID-19 pandemic worsened personal well-being as well as job and career satisfaction for young professional athletic trainers (YPATs) and sparked changes in employers and employment settings.
- The largest migrations by setting included collegiate-to-clinic and secondary school–to-clinic changes.
- Changes appear to have had a positive impact on personal well-being in addition to job and career satisfaction but not optimism regarding staying in the profession.
- Salary, compensation, and work-life balance were reported as the most important considerations in YPATs' decisions about short- and long-term professional retention.
- Employers should understand the role of organizational support in promoting job and career satisfaction in addition to professional retention in YPATs.

The *Great Resignation* has been defined as the voluntary mass exodus of nearly 50 million employees from the United States labor market during and after the COVID-19 pandemic.[1] Although the total long-term impact of the pandemic is still unknown, the immediate impact on health care workforce vitality has been apparent.[2] During the pandemic, health care workers endured clinical environments that exacerbated key drivers of burnout and departure from medical and health professions.[3] The unexpected onset of the pandemic exposed weaknesses in the health care system,

including shortages in health care providers, space, supplies, and personal protective equipment.[2] Furthermore, health care staffing shortages increased the workload of many clinicians.[2] To meet the demand for services, some health care workers experienced extended work hours and performed nontraditional duties associated with the pandemic response.[2]

The personal well-being of health care workers was also negatively affected by the pandemic due to the moral injury or distress developed from providing high-quality care to patients while themselves experiencing the life threat presented by the pandemic.[3] In a study of 510 health care workers and first responders with job duties affected by COVID-19, 73.9% reported symptoms of major depression, 74.7% reported mild anxiety, 35.1% reported moderate insomnia, and 15.3% reported thoughts of suicide or self-harm.[4] As a result, nearly half (49.3%) of these health care workers indicated a decreased likelihood of staying in their current occupation.[4]

Trends in athletic training employment during the COVID-19 pandemic were similar to those in other health professions.[5] The pandemic resulted in an uncharacteristic number of layoffs and a redistribution of the athletic training workforce to the front lines to assist in the pandemic response.[5] Even though most athletic trainers (ATs) continued to work in some capacity throughout the COVID-19 pandemic, many expressed financial and mental health concerns due to reduced pay, stress, and uncertainty about the future of their job status and setting.[5] Previous research indicates attrition in athletic training most commonly occurs during an individual's fifth and 10th years in the profession.[6] Thus, *young professional ATs* (YPATs), defined collectively as early professional ATs within 0 to 6 years of initial certification and career-advancing ATs with 7 to 12 years of certification, may be most at risk of leaving the profession. Low salaries and high levels of burnout have been the most consistent barriers to professional retention in athletic training.[7] Factors contributing to burnout in health care employees have been well documented to include work overload, high job demands, low staff-to-patient ratios, role ambiguity or conflict, and decreasing autonomy, among other factors.[8] It is possible that the increasing diversity in practice settings within athletic training may have served as a measure to combat professional attrition in this population during the COVID-19 pandemic. Offering a wide variety of practice settings offers an opportunity for YPATs to identify employment that better aligns with their personal and professional needs. However, no research exists to determine the impact of COVID-19 on employment or employment setting changes in athletic training. Furthermore, there is a lack of literature describing how practice setting changes affect YPATs' well-being, satisfaction, and professional optimism. Therefore, the purpose of this study was 2-fold: first, to measure employment setting change in YPATs' during the COVID-19 pandemic, and second, to determine the effect of COVID-19 and employment setting changes on personal and financial well-being, job and career satisfaction, and optimism about staying in the athletic training profession. The findings of this study can address the gap in the literature regarding changes in employment settings and career trajectories sprawling from the pandemic and shed light on how YPATs have adapted to the changing employment landscape. Moreover, findings can provide information that can guide organizations and institutions in developing resources to support employee well-being and professional longevity.

METHODS

We used a cross-sectional, web-based survey to assess employment changes as a result of the COVID-19 pandemic and the effect of the COVID-19 pandemic and employment setting changes on YPATs' personal and financial well-being, job and career satisfaction, and optimism for professional longevity. This study was determined exempt by the Institutional Review Board at the sponsoring institution.

Participants

Participants were included in this study if they were adult ATs who had obtained initial Board of Certification, Inc, certification in or after 2011 (ie, $\leq$12 years of postcertification practice). Individuals who were minors or who had been Board of Certification, Inc, certified as an AT before 2011 were excluded. To capture ATs who may have lapsed their certification due to the pandemic, active athletic training certification was not required. Primary investigators were chairs for the National Athletic Trainers' Association (NATA) Early Professionals' and Career Advancement Committees; therefore, access to a convenience sample of NATA members (n = 12 180) fitting study criteria was obtained. Potential participants were recruited nationally using the NATA Survey Research Service as well as other convenience sampling techniques (ie, social media recruitment). The decision to distribute the survey to all eligible NATA members meeting the YPAT criteria and to accept all responses received, even if partial, was a deliberate choice intended to achieve a broad representation of the target population. Although study recruitment used a convenience sample, the sample size was not predetermined based on statistical power calculations. Instead, emphasis was placed on maximizing participation and reducing bias by seeking to obtain a comprehensive view of the study population. To improve the response rate, the survey did not force responses; therefore, the total number of respondents to each question varied.

Instrumentation

The authors began by identifying dependent variables of interest based on research objectives related to the study purpose, agreeing on 5 primary outcome measures: personal and financial well-being, job and career satisfaction, and professional optimism. Next, an extensive literature search was performed to locate preexisting instruments measuring these constructs. Although construct-specific instruments were identified, authors were unable to locate instruments that measured the variables within the context of COVID-19, athletic training, or practice settings. Therefore, 2 members of the research team (N.H., M.S.) drafted an initial list of survey questions evaluating the impact of COVID-19 on YPATs' personal and financial well-being, job and career satisfaction, and professional optimism. Survey questions were constructed based on research objectives, outcome measures used in related literature, and identified knowledge gaps.

After development, the initial survey was reviewed for face and content validity by 4 ATs with content or cross-sectional research expertise. Three of the content reviewers were YPATs who had had experience changing employers during the

pandemic. The fourth AT had more than 8 years of experience with cross-sectional research and descriptive data analysis. Additionally, 2 external individuals with survey research expertise and instrument development provided feedback. Based on the feedback received, 4 survey questions underwent minor modifications to improve the clarity of question or response choices. Once completed, the survey was pilot tested using a sample of 22 YPATs, all members of the Early Professionals' and Career Advancement Committees. Pilot data were not included in the final analysis. Aside from correction of 1 spelling error, no additional modifications were made, and the survey instrument was finalized.

The final survey instrument consisted of 34 closed-ended questions organized into 7 sections. Section 1 addressed inclusion criteria and employment setting. Section 2 assessed the impact of COVID-19 on personal finances. Section 3 evaluated the impact of COVID-19 on job and career satisfaction. Section 4 appraised the impact of COVID-19 on career growth. Section 5 analyzed the impact of COVID-19 on professional optimism. Section 6 examined the impact of COVID-19 on personal well-being. Finally, section 7 collected participant demographics. Details regarding question types and response options included in the survey can be found in Table 1.

Procedures

We identified 12 180 NATA members who met the study inclusion criteria. Using the NATA Survey Research Service, an invitation to participate was sent by email to potential participants on November 1, 2022, approximately 32 months after the start of the COVID-19 pandemic in March 2020. The email explained the purpose of the study, provided the expected time for completion, and listed contact information for the research team. Participants were informed that their consent would be provided by voluntarily completing any portion of the survey. A reminder email was sent weekly over the 4-week data collection period. The survey was closed on November 29, 2022, approximately 6 months before the Centers for Disease Control and Prevention declared the COVID-19 pandemic had ended on May 11, 2023.

The NATA uses a standardized list of 44 practice settings from which ATs can self-select 1 or more practice settings. Participants were asked to select all the settings from which they obtained employment and/or financial compensation. Settings were tabulated fully and collapsed into overarching categories by type based on job setting and responsibilities. The Figure provides a visual of the process used to collapse the initial list of 44 employment settings into 13 final employment categories. As noted in the Figure, "Split Appointment" was specifically used to refer to YPATs employed in collegiate (Division [D] 1, D2, D3, or 2-year institution) settings with split appointments. Furthermore, "Secondary School" was used to describe ATs practicing at secondary or middle schools, including those with split appointments and those employed and funded by clinics or hospital systems.

Item descriptive statistics, including frequencies and χ^2 test of fit, were used to summarize the survey data. The survey did not force responses; therefore, the total number of respondents to each question varied. Descriptive statistics including frequencies and percentages were analyzed and reported by each individual survey item in an effort to reflect the exact number of respondents per question.

Likert-style responses initially included two 5-point scales including *very good*, *good, stable*, *poor*, or *very poor* in addition to *very optimistic*, *optimistic*, *unstable*, *pessimistic*, and *very pessimistic*. When analyzing data, we observed that responses were clustered around the midpoint of the 5-point scales. This prompted us to collapse the scale to 3 points to avoid interpretation ambiguity. Specifically, we combined *very good* with *good* and *very poor* with *poor*, as well as *very optimistic* with *optimistic* and *very pessimistic* with *pessimistic*. This reduction was aimed at improving discriminant validity and allowing for a sharper differentiation between categories. Moreover, the decision to reduce data to a 3-point scale aligned with the specific objectives of our study, as we aimed to assess broad constructs of optimism, satisfaction, and financial condition across YPATs rather than subtle differences among respondents.

The decision to collapse the data was further driven by a desire to reduce the complexity of the χ^2 analyses. With the high volume of responses, reducing to a 3-point scale increased cell frequencies in the contingency table, thereby enhancing statistical power. This collapse resulted in sufficiently high categorical counts, removing the need for consideration of expected frequencies. Also, it further mitigated the risk of violating χ^2 test assumptions and amplified the identification of trends. Lastly, it improved the sensitivity of our analysis to true variable associations, decreasing the likelihood of Type I errors.

Post hoc tests were conducted on residuals to identify statistically significant differences in observed compared with expected frequencies. Residuals that were greater than 1.96 or less than −1.96 were considered significant. Statistical significance was set a priori at $P \leq .05$. Statistical analyses were performed using SPSS version 28 (IBM Corp).

RESULTS

A total of 1111 participants responded to the survey, for a 9.1% overall response rate (n = 1111 of 12 180). Notably, the number of respondents varied for each survey question, revealing a floating n. The analysis presents exact counts and frequencies for each surveyed item. Of respondents, 67.8% (n = 635 of 937) identified as women, 31.1% (n = 291 of 937) identified as men, 0.3% (n = 3 of 937) identified as nonbinary, 0.6% (n = 6 of 937) preferred not to report, and 0.2% (n = 2 of 937) preferred to self-describe. As for ethnicity, 72.3% (n = 803 of 1111) were Caucasian, 5.0% (n = 56 of 1111) were Hispanic, 4.3% (n = 48 of 1111) were African American, 2.9% (n = 32 of 1111) were Asian or Pacific Islander, 1.0% (n = 11 of 1111) were American Indian, 1.4 (n = 15 of 1111) were multiethnic, 1.2% (n = 13 of 1111) preferred not to answer, and 0.6% self-described as another race or ethnicity, including Afro-Caribbean, Jewish, Middle Eastern, or Portuguese. With respect to the highest degree earned, 15.1% (n = 141 of 933) had a bachelor's degree, 39.4% (n = 368 of 933) had a professional master's degree, 35.4% (n = 330 of 933) had a postprofessional master's degree, and 10.1% (n = 94 of 933) had a doctorate degree (eg, PhD, EdD, DAT).

Changes in Employer or Employment Setting

As of November 2022, 30.2% (n = 335 of 1111) of YPATS who responded indicated that their employer had changed secondary to the COVID-19 pandemic. Moreover, 25.7% (n = 286 of 1111) of respondents specified that their

Table 1. Survey Instrument[a] Continued on Next Page

Section I: Inclusion Criteria and Employment Setting
Q1: Are you over the age of 18?
Yes (1)
No (2)
Q2: Are you currently certified as an AT through the Board of Certification, Inc?
Yes (1)
No (2)
Q3: Please select your current employment setting.
Amateur/Recreational/Youth Sports (1)
Business/Sales/Marketing (2)
Clinic—Administration (3)
Clinic—Hospital-Based Clinic (4)
Clinic—Other (5)
Clinic—Other Outreach (6)
Clinic—Outpatient/Ambulatory/Rehabilitation Clinic (7)
Clinic—Physician-Owned Clinic (8)
Clinic—Secondary School Outreach (9)
College/University—Faculty/Academic/Research (10)
College/University—NAIA—Professional Staff/Athletics/Clinic (11)
College/University—NAIA—Split Appointment (12)
College/University—NCAA Division I—Professional Staff/Athletics/Clinic (13)
College/University—NCAA Division I—Split Appointment (14)
College/University—NCAA Division II—Professional Staff/Athletics/Clinic (15)
College/University—NCAA Division II—Split Appointment (16)
College/University—NCAA Division III—Professional Staff/Athletics/Clinic (17)
College/University—NCAA Division III—Split Appointment (18)
College/University—Two Year Institution—Faculty/Academic/Research (19)
College/University—Two Year Institution—Split Appointment (20)
College/University— Hospital/Health System (21)
Health/Fitness/Sports Performance Enhancement Clinic/Club (22)
Hospital—Administration (23)
Hospital—Orthopedics (24)
Hospital—Other (25)
Hospital—Outreach (26)
Industrial/Occupational/Corporate—Clinic (27)
Industrial/Occupational/Corporate—Ergonomics (28)
Industrial/Occupational/Corporate—Health/Wellness/Fitness (29)
Industrial/Occupational/Corporate—Other (30)
Military (31)
Military Academy (32)
Professional Performing Arts (33)
Professional Sports—Baseball (34)
Professional Sports—Basketball (35)
Professional Sports—Football (36)
Professional Sports—Hockey (37)
Professional Sports—Other (38)
Professional Sports—Soccer (39)
Secondary School—High School—Academic only (40)
Secondary School—High School—Athletic only (41)
Secondary School—High School—Both Academic and Athletic (42)
Secondary School—Middle School—Athletic only (43)
Secondary School—Middle School—Both Academic and Athletic (44)
Q4 Has your employment setting changed because of the COVID-19 pandemic?
Yes (1)
No (2)
Q5 Please select your previous employment setting.
Amateur/Recreational/Youth Sports (1)
Business/Sales/Marketing (2)
Clinic—Administration (3)
Clinic—Hospital-Based Clinic (4)
Clinic—Other (5)
Clinic—Other Outreach (6)
Clinic—Outpatient/Ambulatory/Rehabilitation Clinic (7)
Clinic—Physician-Owned Clinic (8)
Clinic—Secondary School Outreach (9)
College/University—Faculty/Academic/Research (10)
College/University—NAIA—Professional Staff/Athletics/Clinic (11)

Table 1. Continued From Previous Page

Section I: Inclusion Criteria and Employment Setting			
College/University—NAIA—Split Appointment (12)			
College/University—NCAA Division I—Professional Staff/Athletics/Clinic (13)			
College/University—NCAA Division I—Split Appointment (14)			
College/University—NCAA Division II—Professional Staff/Athletics/Clinic (15)			
College/University—NCAA Division II—Split Appointment (16)			
College/University—NCAA Division III—Professional Staff/Athletics/Clinic (17)			
College/University—NCAA Division III—Split Appointment (18)			
College/University—Two Year Institution—Faculty/Academic/Research (19)			
College/University—Two Year Institution—Split Appointment (20)			
College/University— Hospital/Health System (21)			
Health/Fitness/Sports Performance Enhancement Clinic/Club (22)			
Hospital—Administration (23)			
Hospital—Orthopedics (24)			
Hospital—Other (25)			
Hospital—Outreach (26)			
Industrial/Occupational/Corporate—Clinic (27)			
Industrial/Occupational/Corporate—Ergonomics (28)			
Industrial/Occupational/Corporate—Health/Wellness/Fitness (29)			
Industrial/Occupational/Corporate—Other (30)			
Military (31)			
Military Academy (32)			
Professional Performing Arts (33)			
Professional Sports—Baseball (34)			
Professional Sports—Basketball (35)			
Professional Sports—Football (36)			
Professional Sports—Hockey (37)			
Professional Sports—Other (38)			
Professional Sports—Soccer (39)			
Secondary School—High School—Academic only (40)			
Secondary School—High School—Athletic only (41)			
Secondary School—High School—Both Academic and Athletic (42)			
Secondary School—Middle School—Athletic only (43)			
Secondary School—Middle School—Both Academic and Athletic (44)			
Section II: Impact of COVID-19 on Personal Finances			
Q6 How have the following factors changed since the start of the COVID-19 pandemic?			
Number of people in your household	Increased (1)	Unchanged (2)	Decreased (3)
Additional roles or responsibilities	Increased (1)	Unchanged (2)	Decreased (3)
Work hours	Increased (1)	Unchanged (2)	Decreased (3)
Compensation	Increased (1)	Unchanged (2)	Decreased (3)
Q7 Which of the following describes the compensation received from your current employer? (Select all that apply)			
Income adequate for normal expenses (1)			
Fair (2)			
Barely live on income (3)			
Bad (4)			
Comfortable (5)			
Less than I deserve (6)			
Well paid (7)			
Enough to live on (8)			
Underpaid (9)			
Q8 Have you received any additional or secondary income from the following sources since the start of the COVID-19 pandemic? (Select all that apply)			
Stimulus check (1)			
Additional AT income (eg, raises, supplements, bonuses, etc) (2)			
Secondary AT income (eg, per diem, etc) (3)			
Non-AT employment income (eg second or third job) (4)			
Monetary gifts, scholarships, grants (5)			
Other, please describe. (6) _____			
Q9 How would you describe your financial condition since the start of the COVID-19 pandemic?			
Very Good (1)			
Good (2)			
Stable (3)			
Poor (4)			
Very Poor (5)			

Table 1. Continued From Previous Page

Section II: Impact of COVID-19 on Personal Finances
Q10 How has the COVID-19 pandemic affected your ability to participate in and/or pay for continuing education opportunities (eg, NATA membership, conference attendance, certification)?
More restricted (eg, NATA Membership, conference attendance, certification) (1)
Unchanged (2)
Less restricted (3)
Section III: Impact of COVID-19 on Job and Career Satisfaction
Q11 As a result of the COVID-19 pandemic, do you feel that your work role, responsibilities, or expectations have changed?
Yes (1)
No (2)
Q12 How have these changes impacted your overall work roles, responsibilities, and/or expectations?
Increased (i.e., "I have more things to do") (1)
Unchanged (2)
Decreased (i.e., "I have fewer things to do") (3)
Q13 How would you rate your administrative support during the COVID-19 pandemic?
Very Good (1)
Good (2)
Satisfactory (3)
Poor (4)
Very Poor (5)
Q14 Prior to the COVID-19 pandemic, how would you describe your job satisfaction?
Very Good (1)
Good (2)
Satisfactory (3)
Poor (4)
Very Poor (5)
Q15 Since the start of the COVID-19 pandemic, how has your job satisfaction changed?
Worsened (1)
Unchanged (2)
Improved (3)
Q16 Prior to the COVID-19 pandemic, how would you describe your career satisfaction?
Very Good (1)
Good (2)
Satisfactory (3)
Poor (4)
Very Poor (5)
Q17 Since the start of the COVID-19 pandemic, how has your career satisfaction changed?
Worsened (1)
Unchanged (2)
Improved (3)
Section IV: Impact of COVID-19 on Career Growth
Q18 Which of the following factors have changed because of the COVID-19 pandemic? (Select all that apply)
Position rank (1)
Employer (2)
Employment setting (3)
Profession (4)
Q19 Which of the following best describes the opportunities that you have for promotion with your current employer?
Good opportunities for promotion (1)
Opportunities somewhat limited (2)
Promotion on ability (3)
Dead-end job (4)
Good chance for promotion (5)
Very limited (6)
Infrequent promotions (7)
Regular promotions (8)
Fairly good chance for promotion (9)
Q20 How have these opportunities changed because of the COVID-19 pandemic?
Increased (1)
Unchanged (2)
Decreased (3)
Section V: Impact of COVID-19 on Professional Optimism
Q21 Do you intend on maintaining your athletic training credential?
No (1)
Yes (2)

Table 1. Continued From Previous Page

Section V: Impact of COVID-19 on Professional Optimism

Q22 How optimistic are you about staying in the AT profession?
- Very Optimistic (1)
- Optimistic (2)
- Unsure (3)
- Pessimistic (4)
- Very Pessimistic (5)

Q23 How has your optimism about staying in the AT profession changed as a result of the COVID-19 pandemic?
- Increased (1)
- Unchanged (2)
- Decreased (3)

Q24 Which factors will most affect your decision to remain in the athletic training profession in the short-term? (Select all that apply)
- Salary and compensation (1)
- Work life balance (2)
- Physical or mental health (3)
- Family or home dynamics (4)
- Opportunities for promotion (5)
- Administrative support (6)
- Organizational support (resources from strategic alliance or other) (7)

Q25 Which factors will most affect your decision to remain in the athletic training profession in the long-term? (Select all that apply)
- Salary and compensation (1)
- Work life balance (2)
- Physical or mental health (3)
- Family or home dynamics (4)
- Opportunities for promotion (5)
- Administrative support (6)
- Organizational support (resources from strategic alliance or other) (7)

Section VI: Impact of COVID-19 on Personal Well-Being

Q26 Since COVID-19, how has your personal well-being changed?
- Worsened (1)
- Unchanged (2)
- Improved (3)

Q27 Which of the following factors have most affected your personal well-being?
- Personal finances (1)
- Work life balance (2)
- Physical or mental health (3)
- Family or home dynamics (4)
- Work demands (5)
- Other, please describe (6) _____

Q28 Since COVID-19, which of the following factors have affected your ability to prioritize your personal well-being?
- Lack of motivation (1)
- Lack of time (2)
- Lack of finances (3)
- Work schedule (4)
- Additional roles and responsibilities (5)
- Other, please describe. (6) _____

Q29 Since the COVID-19 pandemic, have you had access to resources to improve your personal wellbeing?
- Yes (1)
- No (2)

Q30 If yes, have you utilized these resources?
- No (1)
- Yes (2)

Section VII: Participant Demographics

Q31 Please select your current age.
- 18–22 (1)
- 23–27 (2)
- 28–32 (3)
- 32–36 (4)
- 35–40 (5)
- 40+ (6)
- Prefer to not answer (7)

Table 1. Continued From Previous Page

Section VII: Participant Demographics
Q32 Please select your gender identity.
Woman (1)
Man (2)
Non-binary/third gender (3)
Prefer not to say (4)
Prefer to Self-Describe (please specify) (5)
Q33 Please select your race/ethnicity.
African American/Black (1)
Asian or Pacific Islander (2)
Caucasian (3)
Hispanic (4)
American Indian (5)
Multiethnic (6)
Alaskan Native (7)
Prefer not to answer (8)
Other (please specify) (9) _____
Q34 Please select your highest degree earned.
Bachelor's degree (1)
Professional master's degree (2)
Postprofessional master's degree (3)
Doctorate degree (eg, PhD, EdD, DAT, etc) (4)
End of Survey

Abbreviations: AT, athletic trainer; NAIA, National Association of Intercollegiate Athletics; NATA, National Athletic Trainers' Association; NCAA, National Collegiate Athletic Association.
[a] Instrument is reproduced in its original format.

practice setting had changed. Frequencies by setting before and after the COVID-19 pandemic can be found in Table 2. The practice settings with the largest percentage increases included sales, industrial, higher education, and health and wellness. Practice settings with the largest decreases in ATs included split appointment, professional sports, and collegiate. The largest migrations by setting included collegiate-to-clinic and secondary school–to-clinic changes.

Additionally, χ^2 tests were conducted to examine the associations between change in practice setting and personal well-being, change in practice setting and job satisfaction, change in practice setting and career satisfaction, and change in practice setting and professional optimism. There were differences by change of setting after the pandemic (yes or no) with regard to personal well-being ($\chi^2_2 = 12.75$, $P = .002$). Those who had changed settings more frequently reported improved personal well-being as compared with those who did not change setting (21.8% versus 14.3%, $P < .05$). Those who had not changed setting more frequently reported their personal well-being to be unchanged compared with those who had changed setting (38.0% versus 27.6%, $P < .05$).

Moreover, there were differences by change of setting after the start of the pandemic (yes or no) regarding job satisfaction ($\chi^2_2 = 72.73$, $P < .001$). Athletic trainers who had changed settings more frequently reported improved job satisfaction compared with those who had not (25.6% versus 10.5%, $P < .05$). Those who had not changed settings more frequently reported unchanged job satisfaction compared with those who had (47.0% versus 20.4%, $P < .05$). There were differences by change of setting as a result of the pandemic (yes or no) with regard to career satisfaction ($\chi^2_2 = 49.77$, $P < .001$). Athletic trainers who had changed settings more frequently reported improved career satisfaction compared with those who had not (24.0% versus 11.6%, $P < .05$). Those who had not changed settings more frequently reported unchanged career satisfaction compared with those who had (45.8% versus 23.7%, $P < .05$).

There was a significant association between change of setting as a result of the pandemic (yes or no) with regard to optimism about staying in the profession ($\chi^2_4 = 13.59$, $P = .009$): those who had not changed setting were optimistic (very optimistic/optimistic) compared with those who had not changed (47.8% versus 40.1%, $P < .05$) and those who had changed setting were more pessimistic (very pessimistic/pessimistic; 27.2% versus 21.1%, $P < .05$).

Personal Well-Being

Many respondents indicated a decline in personal well-being, with 48.60% (n = 456 of 939) stating that their personal well-being had worsened after the start of the COVID-19 pandemic. Also, 34.9% (n = 328 of 939) reported their personal well-being was unchanged and 16.5% (n = 155 of 939) described personal well-being as improved. A substantial proportion of respondents attributed 1 or more factors to changes in their personal well-being. Specifically, 58.7% (n = 652 of 1111) identified physical or mental health as a contributing factor, 55.6% (n = 618 of 1111) reported work-life balance, 42.8% (n = 476 of 1111) stated work demands, 42.6% (n = 473 of 1111) indicated personal finances, and 26.9% (n = 299 of 1111) conveyed family or home dynamics. Changes in personal well-being by practice setting can be found in Table 3. Chi-square tests were conducted to examine the association between personal well-being and the administrative support provided by the respondent's employer. There were differences by administrative support since the start of the pandemic (very good/good, stable, or very poor/poor) regarding well-being ($\chi^2_8 = 55.08$, $P < .001$). Athletic trainers who reported their administrative support to be very poor/poor most frequently reported worsened well-being compared with

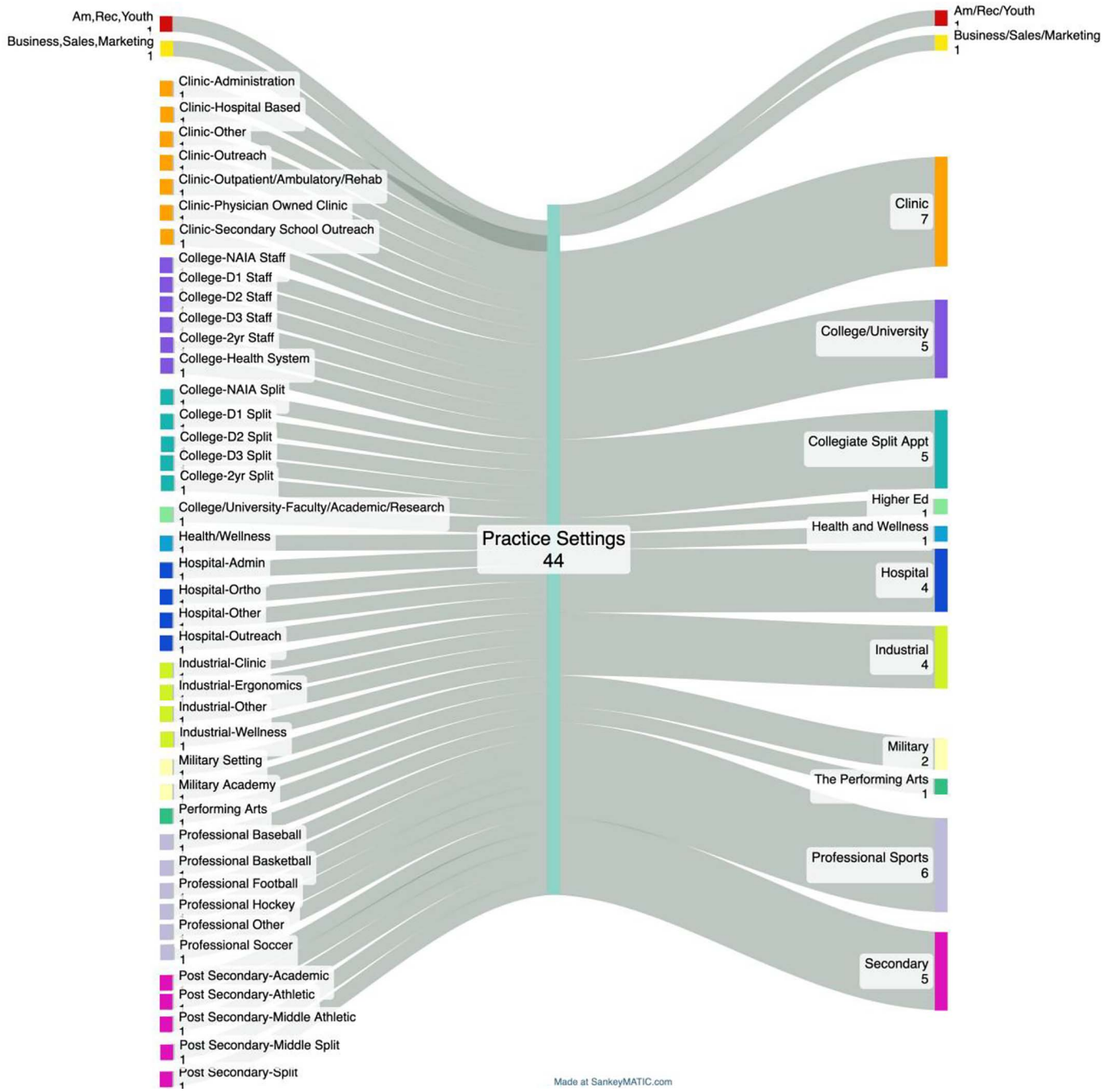

Figure. Collapsed practice settings.

those whose administrative support was stable or very good/good (41.3% versus 22.1% versus 25.2%, $P < .05$).

Financial Well-Being

Regarding financial well-being, 59.9% (n = 608 of 1015) reported their financial condition as stable, whereas 19.0% (n = 193 of 1015) reported it as good, 15.0% (n = 152 of 1015) reported it as poor, 4.1% (n = 42 of 1015) reported it as very good, and 2.0% (n = 20 of 1015) reported it as very poor. Notably, 41.5% (n = 435 of 1047) of YPATs indicated receiving increased compensation since the start of the pandemic; 45.0% of YPATs indicated their compensation was unchanged and 10.1% (n = 112 of 1047) reported decreased compensation. When describing the compensation received from their employer, 40.1% (n = 446 of 1111) of YPATs surveyed said it was "less than I deserve," 27.5% (n = 305 of 1111) said it was "enough to live on," 26.1% (n = 290 of 1111) said they were "underpaid," 25.4% (n = 282 of 1111) said their compensation was "adequate for normal expenses," and 18.0% (n = 200 of 1111) said they could "barely live on income."

Chi-square tests were conducted to examine the association between personal well-being and financial well-being. There were differences by financial stability rating since the start of the pandemic (worsened, unchanged, or improved) regarding

Table 2. Frequencies by Collapsed Setting Before and After the Pandemic

Setting	No. Prepandemic	No. Postpandemic	Net Change	% Change
Amateur/recreational/ youth	14	12	−2	−14.3
Sales	1	14	13	1300.0
Clinic	72	82	10	13.9
Higher education	10	22	12	120.0
Collegiate	145	78	−67	−46.2
Split appointment	18	8	−10	−55.5
Health	2	4	2	100.0
Hospital	27	30	3	11.1
Industrial	15	51	36	240.0
Military	4	7	3	75.0
Performing arts	2	2	0	0.0
Professional sports	16	8	−8	−50.0
Secondary	86	80	−6	−7.0

personal well-being ($\chi^2_8 = 62.85$, $P < .001$). Those whose financial condition was very poor/poor most frequently reported worsened personal well-being compared with those whose financial condition was very good/good (70.2% versus 29.4%, $P < .05$).

Job Satisfaction

Ratings of prepandemic job satisfaction were 45.6% (n = 444 of 974) good, 30.0% (n = 292 of 974) satisfactory, 15.3% (n = 149 of 974) very good, 7.6% (n = 74 of 974) poor, and 1.5% (n = 15 of 974) very poor. 67.4% (n = 749 of 1111) of respondents indicated that the pandemic affected their overall work roles, responsibilities, and/or expectations. Of these YPATs, 94.3% (n = 706 of 749) indicated an increased load. Only 3.3% (n = 25 of 749) reported a decreased workload and 2.4% (n = 18 of 749) stated their workload remained unchanged. Subsequently, 45.9% (n = 45 of 981) of participants reported that their job satisfaction had worsened since the start of the pandemic. Changes in job satisfaction by practice setting can be found in Table 4.

Chi-square tests were conducted to examine the association between job satisfaction and financial well-being. There were differences by financial stability rating since the start of the pandemic (worsened, unchanged, or improved) with regard to job satisfaction ($\chi^2_2 = 19.65$, $P < .001$). Athletic trainers who rated their financial condition as very good/good most frequently reported very good/good job satisfaction (72.9%, $P < .05$).

Table 3. Change in Personal Well-Being Since the Start of the Pandemic by Setting (N = 939)

Setting	Worsened, No. (%)	Unchanged, No.	Improved, No. (%)
Amateur/recreational/youth	15 (62.5)	7	2 (8.3)
Sales	9 (56.3)	4	3 (18.8)
Clinic	96 (46.8)	72	37 (18.0)
Higher education	25 (45.5)	17	13 (23.6)
Collegiate	195 (57.7)	104	39 (11.5)
Split appointment	11 (55.0)	7	2 (10.0)
Health	8 (66.7)	1	3 (25.0)
Hospital	41 (45.4)	37	12 (13.3)
Industrial	33 (45.6)	32	18 (14.0)
Military	9 (50.0)	6	3 (16.7)
Performing arts	6 (75.0)	2	0 (0.0)
Professional sports	23 (67.6)	6	5 (14.7)
Secondary	135 (44.4)	127	42 (13.8)

Table 4. Change in Job Satisfaction Since the Start of the Pandemic by Setting (N = 981)

Setting	Worsened, No. (%)	Unchanged, No.	Improved, No. (%)
Amateur/recreational/youth	10 (41.7)	9	5 (20.8)
Sales	10 (58.8)	3	4 (23.5)
Clinic	91 (43.1)	85	35 (16.6)
Higher education	21 (37.5)	20	15 (26.7)
Collegiate	189 (53.7)	131	32 (9.1)
Split appointment	12 (54.5)	9	1 (4.5)
Health	4 (66.7)	2	0 (0.0)
Hospital	40 (43.9)	37	14 (15.4)
Industrial	42 (49.4)	19	24 (28.2)
Military	5 (45.5)	1	5 (45.5)
Performing arts	2 (25.0)	2	4 (50.0)
Professional sports	10 (31.3)	17	5 (15.6)
Secondary	126 (39.5)	147	46 (14.4)

Career Satisfaction

Ratings of prepandemic career satisfaction were high, with 46.2% (n = 449 of 969) reporting career satisfaction as good, 27.9% (n = 270 of 969) as satisfactory, 18.8% (n = 182 of 969) as very good, 6.1% (n = 59 of 969) as poor, and 1.0% (n = 10 of 969) as very poor. However, 45.5% (n = 440 of 968) of YPATs reported that their career satisfaction had worsened as a result of the COVID-19 pandemic. Changes in career satisfaction since the start of the pandemic by setting can be found in Table 5.

Chi-square tests were conducted to examine the association between career satisfaction and financial well-being in addition to career satisfaction and work responsibilities. There were differences by financial stability rating since the start of the pandemic (worsened, unchanged, or improved) with regard to career satisfaction ($\chi^2_8 = 32.41$, $P < .001$). Those whose financial condition was rated as very poor/poor more frequently reported worsened career satisfaction compared with those whose financial condition was stable or very good/good (64.0% versus 44.2% versus 35.0%, $P < .05$). Furthermore, there were differences by the impact of pandemic on work roles and responsibilities with regard to career satisfaction ($\chi^2_4 = 45.71$, $P < .001$). Those whose job responsibilities had decreased after the start of the pandemic most frequently reported improved career satisfaction than those whose responsibilities had increased or were unchanged (58.3% versus 33.3% versus 13.0%). Athletic trainers whose work responsibilities had increased most frequently reported worsened career satisfaction than those whose responsibilities had decreased or were unchanged (52.0% versus 27.8% versus 37.5%).

Optimism About Professional Longevity

Prepandemic ratings of optimism about staying in the profession were variable, with 31.6% (n = 300 of 950) of YPATs indicating they were unsure if they would stay in athletic training. Likewise, 31.4% (n = 298 of 950) stated they were optimistic and 14.2% (n = 135 of 950) very optimistic, whereas 14.1% (n = 134 of 950) reported being pessimistic and 8.7% (n = 83 of 950) very pessimistic. However, like job and career satisfaction ratings, optimism regarding

Table 5. Change in Career Satisfaction Since the Start of the Pandemic by Setting (N = 969)

Setting	Worsened, No. (%)	Unchanged, No.	Improved No. (%)
Amateur/recreational/youth	11 (45.8)	10	3 (12.5)
Sales	9 (56.3)	3	5 (31.3)
Clinic	99 (47.1)	69	42 (20.0)
Higher education	18 (32.1)	24	14 (25.0)
Collegiate	165 (48.4)	141	35 (10.3)
Split appointment	12 (52.2)	10	1 (4.3)
Health	3 (50.0)	3	0 (0.0)
Hospital	38 (41.8)	39	14 (15.4)
Industrial	43 (47.8)	22	25 (27.8)
Military	8 (44.4)	6	4 (22.2)
Performing arts	2 (25.0)	2	4 (50.0)
Professional sports	8 (25.8)	18	5 (16.1)
Secondary	141 (44.6)	130	45 (14.2)

professional longevity changed because of the pandemic. Over 51% of participants (n = 490 of 949) indicated that their optimism had decreased since the start of the pandemic. Salary and compensation (71.6%) in addition to work-life balance (68.3%) and physical or mental health (47.8%) were the top 3 most cited factors contributing to a decision to stay in the athletic training profession in the short term. Similarly, salary and compensation (72.0%), work-life balance (69.2%), and physical or mental health (49.3%) were also the top 3 most cited factors contributing to professional retention in the long term.

Changes in professional optimism since the start of the pandemic by current practice setting can be found in Table 6. Chi-square tests were conducted to examine the association between professional optimism and financial well-being as well as professional optimism and administrative support provided by employer. There were also differences by financial stability rating since the start of the pandemic (very good versus very poor) about optimism about retention in the profession ($\chi^2_{16} = 32.9$, $P < .001$). Those whose financial condition was very poor/poor most frequently reported being very pessimistic/pessimistic about their future in the profession compared with those whose financial condition was stable or very good/good (27.6% versus 17.1% versus 11.8%, $P < .05$). There were differences by administrative support since the start of the pandemic (very good/good, satisfactory, or very poor/poor) with regard to optimism about staying in the profession ($\chi^2_{16} = 77.02$, $P < .001$). Those whose administrative support was very poor/poor most frequently reported being very pessimistic/pessimistic about their future in the profession compared with those whose administrative support was stable or very good/good (50.7% versus 35.0% versus 20.5%, $P < .05$). Athletic trainers with very good/good administrative support reported the most optimism regarding their longevity in the profession (60.4%, $P < .05$).

DISCUSSION

Athletic trainers have made significant strides in establishing their worth and value in health care, leading to growth in the variety of available employment settings.[9] Settings such as secondary school, college/university, and professional sports offer traditional athletic training experiences but also present unique challenges that have historically contributed to work-life conflict and burnout.[9,10] The COVID-19 pandemic further exacerbated many traditional stressors in ATs across all settings. However, this study identified a specific departure of YPATs from traditional settings including secondary school, college/university, and professional sports during the pandemic. Although a retreat from more traditional settings was identified, there was a complementary increase in the number of YPATs entering industrial, sales, clinic, and higher education settings. Migration toward more contemporary settings, particularly clinics, may offer YPATs opportunities for a more balanced work schedule,[11] which can decrease work-life conflict and burnout.

Existing research indicates that the wellness of ATs, manifesting through signs of stress, anxiety, depression, and burnout, was negatively affected by the COVID-19 pandemic.[12] Consistent with prior findings, nearly half of YPATs reported a decline in personal well-being because of the pandemic. Of the YPATs surveyed, those who reported good or very good administrative support during the pandemic demonstrated better personal well-being than those with poor or very poor employer support systems. Organizations offering support during the pandemic through various means, such as personal protective equipment, financial benefits, continued employment, and moral support, were shown to positively affect employee well-being.[12] Findings of this study strengthen existing research supporting the connection between administrative support and employee well-being. Also, they suggest that some YPATs may have changed settings in search of additional administrative support and improved well-being. Understanding the pandemic's impact on YPATs' personal well-being is a crucial step in assisting employers

Table 6. Optimism About Staying in Athletic Training by Current Setting (N = 950)

Setting	Very Optimistic	Optimistic	Unsure	Pessimistic	Very Pessimistic	% Reporting Improved Optimism	% Reporting Decreased Optimism
Amateur/recreational/youth	3	9	8	3	1	50.0	16.7
Sales	0	3	3	3	7	18.8	62.5
Clinic	20	57	79	31	21	37.0	25.0
Higher education	14	16	20	4	1	60.0	8.3
Collegiate	41	104	116	45	33	42.8	23.0
Split appointment	3	8	6	4	0	52.4	19.0
Health	0	3	1	1	1	50.0	33.3
Hospital	14	28	20	10	8	52.5	22.5
Industrial	11	19	35	14	7	34.9	24.4
Military	2	7	6	2	1	50.0	16.7
Performing arts	2	5	1	0	0	87.5	0.0
Professional sports	10	8	7	4	1	60.0	16.7
Secondary	59	108	75	49	16	54.4	21.2

in recognizing early concerns related to mental health and prioritizing institutional as well as organizational efforts to build resilience in ATs.

Several factors have been shown to influence an individual's career longevity, but job satisfaction has been demonstrated as one of the main predictors of intention to leave an organization or profession.[13] Sharif Nia et al found that excessive workload stemming from the pandemic reduced the perceived level of satisfaction among medical professionals.[14] The majority of YPATs in this study reported an increase in workload during the COVID-19 pandemic. These findings may have a relationship to the low ratings of job satisfaction also reported. In athletic training specifically, job satisfaction is a direct facilitator of persistence and retention.[15] The unprecedented challenges posed by the COVID-19 pandemic compelled ATs not only to take on a heavier workload but also to adjust and adapt their work performance. Madden et al reported that the prioritization of pandemic-related tasks over traditional athletic training activities caused many ATs to raise questions about their current positions and practice settings as well as their overall commitment to the profession.[12] The shift in focus toward COVID-19 responsibilities, such as testing, contact tracing, symptom screening, and policy development, has led some ATs to reconsider their roles.[12] Moreover, DiSanti et al revealed that ATs felt that the unusual demands of the pandemic had strained their ability to effectively fulfill the tasks associated with their role as an AT.[16] Early professionals, in particular, reported negative experiences and resentment as their daily tasks diverged from traditional or anticipated athletic training responsibilities.[12] Role strain, inclusive of both role overload, or difficulty fulfilling role obligations because expectations are too excessive or time-consuming, and role incongruity, or a person's perception of themselves that runs counter to the demands or expectations of the role occupied, may manifest as decreased job satisfaction.[17] Pandemic-associated role conflict and role incongruity likely contributed to declines in job and career satisfaction that were reported by YPATs in this study. Declines in both job and career satisfaction were greatest for YPATs in the college/university and secondary school settings, aligning with previous research indicating that the deviation of roles and responsibilities away from traditional athletic training duties may have been a contributing factor to decreased satisfaction in ATs. The ability to adapt to evolving employment settings generally, and especially during a global pandemic, is testimony to the athletic training profession's resilience. Professional organizations and employers should use this insight to develop strategies that enhance well-being, job satisfaction, and professional commitment in ATs, particularly in times of crisis. By recognizing the impact of crises such as a pandemic on the well-being and satisfaction of YPATs, the athletic training community can foster a culture of flexibility, support, and continued professional growth. Nevertheless, even with a reduction and/or removal of COVID-19–related tasks, ATs often remain overworked. Therefore, if employers want to retain YPATs, they should seek to improve factors associated with role overload and job satisfaction. Only by addressing these issues can organizations ensure the long-term satisfaction and retention of their ATs.

The athletic training profession is dominated by YPATs, with nearly 52% of certified ATs possessing 0 to 9 years of certification.[18] The exact number of YPATs leaving the profession is unknown. Nonetheless, attrition of YPATs is concerning as it minimizes the number of mature, seasoned professionals to model professional longevity.[19] With over half of the YPATs in this study indicating their optimism about staying in the athletic training profession had decreased since the start of the pandemic, it is now more important than ever to identify factors contributing to consideration of attrition and develop strategies to improve professional commitment, persistence, and retention. According to our findings, compensation remains the leading factor affecting YPATs' decision to remain in the profession in both the short and long term. Low salary has been persistently reported as one of the primary challenges of our profession.[20] Athletic trainers consistently have lower median incomes, despite similar educational preparation and credentialing requirements to similar health care professionals.[20] Our findings indicated financial well-being had a significant association with job satisfaction, corroborating existing research that has determined that compensation directly relates to job satisfaction, and job satisfaction is linked to a lack of retention of ATs in various settings.[20] Therefore, to make athletic training positions sufficiently attractive, employers of YPATs, especially those in practice settings with the highest decline—collegiate and secondary school—will have to recognize the need to raise entry-level and average wages.[21] We acknowledge time will be needed to overcome barriers and implement structural changes needed to formally improve compensation packages and incentives offered to current and prospective employees. In the meantime, we recommend that employers begin to consider ways to improve and extend the benefits offered to employees to include amenities such as childcare, flexible staffing options (eg, remote, hybrid), paid time off, continuing education, tuition reimbursement, and employee assistance programs, among other incentives.[21] Investment in both financial stability and employee well-being not only can attract ATs to the profession and its more traditional practice settings but may help to retain YPATs as well. Although not always feasible in traditional athletic training practice, organizations that have the vision and resources to offer flexibility to their employees are the most likely to maintain a stable and competitive workforce.[9,21]

Finally, employers must recognize the importance of administrative support. Administrative support may be a strategy to neutralize the impact of burnout associated with athletic training practice in a postpandemic state that includes balancing the competing interests of providing high-quality patient care under the difficult circumstances and the added stress of caring for their families, personal wellness issues, needing equity and inclusion, and navigating financial challenges that have occurred in the pandemic's aftermath. Support from an AT's employer may be an important component of employee well-being and job satisfaction. Mazerolle et al suggested a few workplace strategies and recommendations for administrators seeking to support ATs.[9] These include, but are not limited to, developing and communicating work-life policies, enhancing communication between ATs and administration, assessing staff workloads and needs on an individual basis, establishing formal mentoring programs for newly hired professionals, providing social and emotional support, recognizing and rewarding employee efforts, encouraging employee disengagement, allowing for workplace integration, and advocating for more staff to reduce employee workloads.[9] Overall, the

findings of this study suggest that the future of the athletic training profession rests in the profession's ability to expand practice settings to areas that provide reduced burnout and work-life conflict in addition to employers' ability to respect the work and dedication that their YPATs bring to the organization and support them accordingly.

Future Research Directions

Several future directions for research emerge related to these findings. First, there should be an emphasis on the production of studies that are aimed at accurately quantifying the attrition of YPATs. There is an existing gap in quality literature reporting these statistics. Next, it would be reasonable to consider evaluating YPATs' satisfaction with change in employers or employment settings, particularly for those migrating from traditional to more contemporary workplaces. Likewise, it may be fruitful to qualitatively explore YPATs' transitions to gain more insight into which factors from contemporary settings were most attractive and valuable to YPATs. With this information, employers and administrators of ATs in traditional settings with historical challenges may be able to implement actionable strategies to improve satisfaction in addition to turnover and attrition rates. Finally, although we intentionally focused on the YPAT population, it is worth studying other demographic groups to determine whether similar patterns in well-being, satisfaction, and professional optimism exist.

Limitations

Although the findings of this study lead to important conclusions about the impact of the pandemic on YPATs well-being and satisfaction, they do not come without limitations. First, the use of an original instrument for measurement presented a risk that the intended constructs were not measured accurately and could have led to distorted or misleading results. The generalizability of these results should be applied with caution. Next, survey responses were not forced, and therefore there was the potential for nonresponse bias. Also, some questions, such as those used to capture employment settings, were multiselect. This question type may have caused some participant confusion resulting in additional response bias as well as overreporting or underreporting of certain items. We also found this method to increase the complexity of data analysis. Furthermore, due to an excess of employment settings, we had to collapse practice settings for data analysis. This decision reduced the level of detail we were able to provide and may have resulted in the loss of some information regarding employment setting constructs. Moreover, because participants were able to select the same setting for both prepandemic and postpandemic employment, we were unable to discriminate with detail within setting employer changes. Last and similarly, Likert-style items were collapsed to aid statistical power. However, we acknowledge that this may have resulted in the loss of some information as the nuances captured in the original response options were aggregated into broader categories. This could have limited the granularity of the analysis and obscured subtle variables in responses.

CONCLUSIONS

The pandemic worsened personal and financial well-being as well as job and career satisfaction for many YPATs and sparked changes in employers and employment settings. Although there is no evidence to support the distinct resignation of YPATs from the profession at this time, we identified a pivot of YPATs away from high school, collegiate, and professional sports settings, which carry more rigid workplace demands and challenging organizational cultures. Migration of ATs favored practice settings such as clinic, industrial, sales, and higher education, which may offer more favorable work schedules as well as reduced work-life conflict and burnout. Overall, changes in employment had a positive impact on personal well-being in addition to job and career satisfaction but not on optimism regarding staying in the profession. Salary and compensation as well as work-life balance were reported as the most important factors in a YPAT's decision to stay in the athletic training profession in both the short and long term. In addition to increasing salary and reducing workload, employers should seek to recognize the importance of administrative support in promoting personal and financial well-being as well as job and career satisfaction and professional optimism in early professional and career-advancing ATs. To provide support, administrators should strive to clearly define roles and responsibilities, regularly communicate with staff, offer flexible work arrangements, encourage work-life balance, allocate needed resources, and provide employer assistance programs that offer support for employee well-being.

ACKNOWLEDGMENTS

We want to thank the 2022 NATA Board of Directors for approving survey dissemination and data collection with the use of organizational resources. Furthermore, we find it imperative to acknowledge all members of the Early Professionals' and Career Advancement Committees, including Cassandra Snow, MS, LAT, ATC; Richard S. Bertie, MS, LAT, ATC, PES; Kassandra N. Mosley, MS, LAT, ATC; Kelley E. Crowe, MSEd, ATC, CSCS; Beth Walters, EdD, LAT, ATC; Kaleb S. Birney, MS, LAT, ATC, CES, PES; Bre'Layshia J. Alexander, MEd, LAT, ATC; Kathryn L. DeLost, MS, LAT, ATC, CES; Arika L. Cozzi-Smetana, DAT, LAT, ATC; Victoria VanAlstine-Tauer, MS, LAT, ATC; Shaniece K. Jackson, DAT, ATC, PES; Kelsey Reilly, MS, LAT, ATC; Jacon Ortega-Schultz, MAT, AT, ATC; Melissa Bulin, MS, LAT, ATC; LaKeesha Busher, MS, LAT, ATC; Hannah Duszynski, MS, ATC, LAT; Daniella C. Eiroa, DAT, LAT, ATC; Jessi Cole, MS, LAT, ATC; Katie Schulz, MAEd, LAT, ATC; Heather Dean, LAT, ATC; and Regan Croff, MAT, LAT, ATC, for their contributions.

REFERENCES

1. Kuzior A, Kettler K, Rąb Ł. Great resignation—ethical, cultural, relational, and personal dimensions of Generation Y and Z employees' engagement. *Sustainability*. 2022;14(11):6764. doi:10.3390/su14116764
2. Stucky CH, Brown WJ, Stucky MG. COVID 19: an unprecedented opportunity for nurse practitioners to reform healthcare and advocate for permanent full practice authority. *Nurs Forum*. 2021;56(1):222–227. doi:10.1111/nuf.12515
3. Linzer M, Griffiths EP, Feldman MD. Responding to the great resignation: detoxify and rebuild the culture. *J Gen Intern Med*. 2022;37(16):4276–4277. doi:10.1007/s11606-022-07703-1
4. Hendrickson RC, Slevin RA, Hoerster KD, et al. The impact of the COVID-19 pandemic on mental health, occupational functioning, and professional retention among health care workers and first responders. *J Gen Intern Med*. 2022;37(2):397–408. doi:10.1007/s11606-021-07252-z
5. Winkelmann ZK, Games KE. Athletic trainers' job tasks and status during the COVID-19 pandemic: a preliminary analysis. *J Athl Train*. 2021;56(1):20–30. doi:10.4085/1062-6050-0275.20

6. Juzeszyn L. *Perceptions of Retention Indicators in Athletic Training.* Master's thesis. Indiana State University; 2013. Accessed September 5, 2023. https://scholars.indstate.edu/handle/10484/5377?show=full
7. Oglesby LW, Gallucci AR, Wynveen CJ. Athletic trainer burnout: a systematic review of the literature. *J Athl Train*. 2020;55(4):416–430. doi:10.4085/1062-6050-43-19
8. Glasberg AL, Norberg A, Söderberg A. Sources of burnout among healthcare employees as perceived by managers. *J Adv Nurs*. 2007;60(1):10–19. doi:10.1111/j.1365-2648.2007.04370.x
9. Mazerolle SM, Pitney WA, Goodman A, et al. National Athletic Trainers' Association position statement: facilitating work-life balance in athletic training practice settings. *J Athl Train*. 2018;53(8):796–811. doi:10.4085/1062-6050-51.11.02
10. Mazerolle SM, Bruening JE, Casa DJ, Burton LJ. Work-family conflict, part II: job and life satisfaction in National Collegiate Athletic Association Division I-A certified athletic trainers. *J Athl Train.* 2008;43(5):513–522. doi:10.4085/1062-6050-43.5.513
11. Mazerolle SM, Pitney WA. Examination of work-life balance among athletic trainers in the clinical rehabilitation setting. *Athl Train Sports Health Care*. 2012;4(6):257–264. doi:10.3928/19425864-20120622-01
12. Madden M, Kneavel ME, Bowman TG. Lessons learned and potential long-term effects on athletic trainers and clinical practice after a global pandemic. *J Athl Train*. 2022;57(11–12):1111–1121. doi:10.4085/1062-6050-0541.21
13. Terranova AB, Henning JM. National Collegiate Athletic Association division and primary job title of athletic trainers and their job satisfaction or intention to leave athletic training. *J Athl Train.* 2011;46(3):312–318. doi:10.4085/1062-6050-46.3.312
14. Sharif Nia H, Arslan G, Naghavi N, et al. A model of nurses' intention to care of patients with COVID-19: mediating roles of job satisfaction and organisational commitment. *J Clin Nurs*. 2021;30(11–12):1684–1693. doi:10.1111/jocn.15723
15. Mazerolle SM, Eason CM, Pitney WA. Athletic trainers' barriers to maintaining professional commitment in the collegiate setting. *J Athl Train*. 2015;50(5):524–531. doi:10.4085/1062-6050-50.1.04
16. DiSanti JS, Post EG, Eason CM, Root HJ, Abdenour TE. Athletic trainers' psychosocial experiences during the COVID-19 pandemic: a qualitative research study. *J Athl Train*. 2023;58(10):902–911. doi:10.4085/1062-6050-0517.22
17. Romero MG, Pitney WA, Mazerolle SM, Brumels K. Role strain, part II: perceptions among athletic trainers employed in the professional practice setting. *J Athl Train*. 2018;53(2):190–201. doi:10.4085/1062-6050-214-16
18. BOC certified AT demographics. Board of Certification for the Athletic Trainer. April 2022. Accessed January 28, 2024. https://bocatc.org/system/document_versions/versions/293/original/at-demographics-20220414.pdf?1649950857
19. Kahanov L, Eberman LE, Juzeszyn L. Factors that contribute to failed retention in former athletic trainers. *Internet J Allied Health Sci Pract.* 2013;11(4):1–7. doi:10.46743/1540-580X/2013.1456
20. Cavallario JM, Campbell BL, Jones BC, Bacon CEW. Negotiation practices of athletic trainers employed in the clinical setting. *J Athl Train*. 2023;58(5):458–482. doi:10.4085/1062-6050-0244.22
21. The collegiate athletic trainer labor crisis: a data driven guide outlining the current collegiate workplace environment and strategies to improve workplace engagement. National Collegiate Athletic Association. Accessed January 28, 2024. https://www.nata.org/sites/default/files/collegiate_athletic_trainer_labor_crisis.pdf

Address correspondence to Nicolette A. Harris, DAT, LAT, ATC, CSCS, 5850 E Still Circle, Mesa, AZ 85206. Address email to nicoletteharris@atsu.edu.